



City of Long Beach
Working Together to Serve

Department of Human Resources

SUPERVISOR'S REPORT FOR REASONABLE SUSPICION TESTING

Employee _____ Department/
Division _____

Supervisor _____ Telephone
Number _____

Concurring Supervisor _____ Telephone
Number _____

***A. OBSERVATION CHECK LIST:**

- | | | | | | | | | |
|--------------------|-------|--------------------|-------|----------------|-------|--------------------|-------|---------------------------|
| 1. WALKING | _____ | Stumbling | _____ | Staggering | _____ | Falling | _____ | Unable to Walk |
| 2. STANDING | _____ | Swaying | _____ | Rigid | _____ | Unable to | _____ | Feet Wide |
| | | | | | | Stand | | Apart |
| 3. SPEECH | _____ | Shouting | _____ | Silent | _____ | Whispering | _____ | Slow |
| | | Rambling | _____ | Slurred | | | | |
| 4. BEHAVIOR | _____ | Talkative | _____ | Excited | _____ | Sarcastic | _____ | Hostile |
| | | Wide Mood | | | | | | |
| | | Swings | | | | | | |
| 5. EYES | _____ | Bloodshot | _____ | Watery | _____ | Dilated | _____ | Glassy |
| | | Droopy | _____ | Closed | | | | |
| 6. FACE | _____ | Flushed | _____ | Pale | _____ | Sweaty | | |
| 7. BREATH | _____ | Alcoholic | _____ | Marijuana | _____ | _____ | | |
| | | Odor | | Odor | | Odor | | |
| 8. MOVEMENTS | _____ | Fumbling | _____ | Jerky | _____ | Slow | _____ | Hyperactive |
| | | | | | | | | |
| 9. JOB PERFORMANCE | _____ | Excessive Absences | _____ | Accident Prone | _____ | Increased Mistakes | _____ | Below Average Performance |

B. POSSESSION OF DRUGS AND/OR PARAPHERNALIA (Roach clips, glass pipes, etc.):

C. OTHER OBSERVATIONS (With date and time): _____

D. DESCRIBE SPECIFICALLY WHAT THE INDIVIDUAL SAID OR DID WHEN CONFRONTED: _____

Location of Reasonable Suspicion Testing: _____ Date Tested _____

Signature _____ Date Signed _____

*Any or all of these signs may be attributed to other problems or conditions. No one indicator or group of indicators definitely implies drug use.